

FLORIDA TRAFFIC CRASH REPORT NARRATIVE/DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS SECTION, NEZ. KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY)	TIME EMS ARRIVED (FATALITIES ONLY)	DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	09/04/02	09-00	02-39-13353-09	7114 7966

(NARRATIVE)

Veh. # 2 traveling east on U.S. Alt 90, stopped due to heavy traffic ahead. Veh. # 1, traveling east, and approaching Veh. # 2 from the rear, failed to stop before colliding with Veh. # 2. Veh. # 1's front struck Veh. # 2's rear.

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
1	1	Eloise Smith	3337 Tallship Lane	Pensacola	FL 32526	02-15-47	W	F	3	1	2	1
2	1	Lillian Frierson	P.O. Box 3612	Mobile	AL 36652	02-16-51	B	F	3	1	2	1
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
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SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
None							
FIRST AID GIVEN BY - NAME	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other	INJURED TAKEN TO:	BY - NAME				
Escambia EMS	2	West Florida Hosp.	Esc. Co. E.M.S.				
WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1. YES 2. NO	IF NO, THEN WHY?				
1		1					
INVESTIGATOR - RANK & SIGNATURE	AD/BADGE NUMBER	DEPARTMENT	IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER				
T. M. J. Potaro	0944-0821		1				

DIAGRAM



INDICATE NORTH
WITH ARROW

